

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  010007	<b>(X3) Date Survey Completed</b>  12/12/2024
<b>Name of Provider or Supplier</b>  Mizell Memorial Hospital	<b>Street Address, City, State</b>  702 N Main St, Opp, AL	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>  (Each deficiency should be preceded by full regulatory or LSC identifying information)
<b>K0521</b>	<p>HVAC CFR(s): NFPA 101</p> <p>HVAC Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications. 18.5.2.1, 19.5.2.1, 9.2</p> <p>This STANDARD is not met as evidenced by:                      . Based on review of documentation, the facility failed to maintain the smoke dampers, combination smoke/fire dampers, and ceiling dampers per the requirements of: 2012 NFPA 101, 19.5.2.1, and 9.2.1 2012 NFPA 90A, 5.4.8.1, and 5.4.8.2 2010 NFPA 80, 19.4, and 19.5 2010 NFPA 105, 6.5.2 This deficiency the complete building. Findings include: During a tour of the facility, the facility failed to provide documentation of testing the smoke dampers, combination smoke/fire dampers, and ceiling dampers within the past 6 years. A member of the maintenance staff was present when this deficiency was identified. .</p>